

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/780,797
Application Date:: 02/17/04
Application Type:: REGULAR
Subject Matter:: UTILITY
Suggested Group Art Unit:: 1614
CD-ROM or CD-R?:: NONE

Sequence Submission?::

Computer Readable Form (CRF)?::

YES

Number of Copies of CRF:: 1

Title:: USE OF INHIBITORS OF

INDOLEAMINE-2,3-DIOXYGENASE IN

COMBINATION WITH OTHER THERAPEUTIC MODALITIES

Attorney Docket Number:: 275.00100101

Total Drawing Sheets:: 11
Small Entity?:: YES

Licensed US Govt. Agency:: National Institutes of Health Contract or Grant Numbers:: K08HL03395, 1R01CA103320,

1R01CA096651

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: USA

Status:: FULL CAPACITY

Given Name::

Family Name::

City of Residence::

State or Province of Residence::

CA

State or Province of Residence:: GA
Country of Residence:: USA

Street of Mailing Address:: 967 Meigs Street

City of Mailing Address:: Augusta

State or Province of Mailing Address:: GA
Country of Mailing Address:: USA

Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 30904

Applicant Authority Type:: INVENTOR

Primary Citizenship Country::

Great Britain

Status::

FULL CAPACITY

Given Name::

Andrew

Family Name::

Mellor

City of Residence::

Augusta

State or Province of Residence::

GA

Country of Residence::

USA

Street of Mailing Address::

2021 Autumn Chase

City of Mailing Address::

Augusta

State or Province of Mailing Address::

GA USA

Country of Mailing Address::

30907

CORRESPONDENCE INFORMATION

Postal or Zip Code of Mailing Address::

Correspondence Customer Number::

26813

REPRESENTATIVE INFORMATION

Representative Customer Number::

26813

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/538,647	01/22/04
This Application	Non-Provisional of	60/459,489	04/01/03

ASSIGNMENT INFORMATION

Assignee Name::

Medical College of Georgia Research Institute, Inc.

Street of Mailing Address::

1120 15th Street

City of Mailing Address::

Augusta

State or Province of Mailing Address::

GA

Country of Mailing Address::

USA

Postal or Zip Code of Mailing Address::

30912